

PROFESSIONALISM IN NURSING ON INDIAN CONTEXT: THE STAKEHOLDERS' VIEW – A PHENOMENOLOGICAL STUDY

Sivasankari Somasundaram^{*1}, Dr. Manju Vatsa², Dr. Sandhya Gupta³ and Dr. S. N. Dwivedi⁴

¹PhD Scholar, College of Nursing, All India Institute of Medical Sciences, New Delhi, India.

²Guide and Principal, College of Nursing, All India Institute of Medical Sciences, New Delhi, India.

³Co-Guide and Lecturer, College of Nursing, All India Institute of Medical Sciences, New Delhi, India.

⁴Co-Guide and Professor, Department of Biostatistics, All India Institute of Medical Sciences, New Delhi, India.

Received date: 11 August 2019

Revised date: 02 September 2019

Accepted date: 23 September 2019

*Corresponding author: Sivasankari Somasundaram

PhD Scholar, College of Nursing, All India Institute of Medical Sciences, New Delhi, India.

ABSTRACT

Introduction: Understanding the cognitive base of professionalism renders to attain common consensus of concept, attributes, and indicators of professionalism in nursing. The study is aimed to define professionalism, its attributes and identify the indicators of professionalism in nursing in the Indian context. **Methodology:** A qualitative-phenomenological study was conducted in four selected tertiary healthcare institutions each one from autonomous, central and state governments as well as from the private sector in NCT of Delhi. The stakeholders (n=40) composing of 28 nurse professionals and 12 nursing students selected by random selection through computer generated numbers participated in the study. The semi-structured interview schedule consisting of three open-ended questions was developed by the researcher and validated by the experts. Ethical clearance was obtained from the Institute Ethics Committee. Semi-structured interview was conducted on one to one basis and recorded digitally. **Results:** Ethics, professional values, legal aspects, communication skills and interpersonal relationship and professional development emerged as domains of professionalism. Work within ethical boundaries, ethical principles, caring, respect to the individual, honesty and integrity, fidelity, morality, advocacy, professional conduct, practice in accordance with law, effective communication with patients, family members and team members, assertiveness, competency, professional accountability and professional autonomy, following standards and innovation and research were inferred attributes of professionalism. **Conclusion:** The study highlights the concept and attributes of professionalism in the Indian context. The inferred attributes need to be clearly stated with appropriate instructional strategies and assessment methods and incorporated in the existing B.Sc. Nursing curriculum for professional value training.

KEYWORDS: Professionalism, professional values, ethics, professional conduct, and professional development.

INTRODUCTION

Professionalism is the social contract between nurse professionals and recipients of health services. The concept of the social contract is highly complicated and varied upon the place, person and even within the person. Barbara Kemp Miller (1984) quoted the attributes and behaviors necessary for nursing professionalism like adherence to code for nurses, community service orientation, member of professional organization, autonomy and self-regulation, publication and communication, development and use of theory, research, continuing education and competence.^[1]

American Board of Internal Medicine quoted the elements of professionalism for physicians include altruism, accountability, excellence, commitment, honor and integrity, and respect for others.^[2] Professionals need to have a commitment that requires moral courage and fortitude. Without fortitude, integrity will fail and when integrity fails, professionalism is gone.^[3] The ICN code has four principal elements that outline the standards of ethical conduct for nurses and people, nurses and practice, nurses and profession and nurses and coworkers.^[4] The Indian Nursing Council (INC) stated code of conduct for nurses (INC) in India i.e. professional responsibility, nursing practice, communication skills and interpersonal relationship,

valuing human being, management and professional advancement.^[5]

It is improbable that any definition of professionalism will be universal, cross-disciplinary and stable for all time. There must be considerable shared understanding across professional groups and should be conducive to multidisciplinary teamwork in a workplace. It facilitates multidisciplinary education, collaboration and sharing of responsibilities. Perhaps a complex understanding of professionalism among students and teachers need to be considered as positive effects of multidisciplinary engagement.^[6]

Understanding the cognitive base of professionalism in its Indian context dictates to identify teaching and assessment methods. Hence, there is the strong need to seek consensus from the professionals in order to define and describe attributes and behaviors of professionalism to develop academic programs to inculcate and measure in students of health professions, further enhances patient safety and conducive work environment.^[7] The study was aimed to explore the concept and correlates of professionalism in nursing in the Indian context.

MATERIALS AND METHODS

Professionalism is grounded in our life experiences. Considering the objectives of the study, a qualitative phenomenological approach using semi-structured one to one interviews was adopted as suitable to explicate the understanding, experiences, and perceptions of the nursing students and nurse professionals. After doing an extensive literature review and seeking expert opinion, the semi-structured interview schedule consisting of three open-ended questions was developed by the researcher and validated by the experts.

The study was conducted in four tertiary healthcare institution each one from autonomous, central government, state government and private sector in NCT of Delhi. The stakeholders composing of nurse professionals and B.Sc. Nursing students those who selected by random selection through computer generated numbers participated in the study. A sample size of 10 composed of nurse educators (n=4), nurse practitioners/administrators (n=3) and nursing students (n=3) was enrolled to ensure equal representation from each healthcare institution. Eventually, 28 nurse professionals (16 nurse educators and 12 nurse practitioners/administrators) and 12 nursing students participated in the qualitative semi-structured interviews (n=40).

Ethical considerations

Ethical clearance was obtained from the Institute Ethics Committee. Individual written informed consent was sought from subjects for the interview and audio recording. Semi-structured interviews were conducted using an interview schedule with appropriate probes in a quiet room. All interviews were recorded digitally and

lasted for about 30 to 60 minutes. The interview was discontinued after getting a redundancy in the response. The audio recordings were destroyed after validation of the data. No conflict and legal issues were found due to exposure revealed during data collection.

Data analysis

The data analysis began immediately soon after the first interview. Hermeneutic phenomenological cycle that constitutes reading, reflective writing, and interpretation was adopted for the data analysis.^[8]

Establishing Trustworthiness

To improve the quality of data interpretation, credibility was achieved by prolong engagement and member checking. The researcher visited the institutions many times to gain an adequate understanding of the working environment, establish a trusting relationship and observe the culture where participants got influenced for their professional judgments. Member check was done by the participants during the interview to ensure the actual meaning what they intended and by the guide on an ongoing basis. By providing a description of the study setting, participants observed transactions and processes, it is expected that readers would gain true and sufficient information for extrapolating and making the comparison in other situations.

The narration was transcribed verbatim. The researcher listened to the audio recording again and again to ensure the precision of the transcription. The transcribed interviews were interpreted in their parts and connected as a whole to give a complete meaning. It was attempted to combine and comprehend the transcription based on the research question. Meaningful statements were extracted related to the phenomenon under study and validated with three experts to seek an opinion regarding the meaning drawn. The common consensus was achieved after discussing with them regarding cases of a different opinion.

RESULTS

Five domains of professionalism emerged i.e., ethics, professional values, legal aspects, communication skills and interpersonal relationship, and professional development from the views of participants. The attributes inferred under the domains of professionalism is presented in Table 1.

Table 1: Attributes of Professionalism in Nursing Expressed by the stakeholders n=40.

Domains of professionalism	Attributes identified
Ethics	• Work within ethical boundaries
	• Beneficence
	• Non-maleficence
	• Justice
	• Autonomy
Professional values	• Caring
	• Respect to the individual
	• Honesty and integrity
	• Fidelity
	• Morality
	• Advocacy
	• Professional conduct
Legal aspects	• Practice in accordance with the law
Communication skills and interpersonal relationship	• Communication with recipients of health services
	• Communication with team members
	• Assertiveness
Professional development	• Development of self
	• Professional practice
	• Development of profession

Ethics: The participants expressed that working within the ethical boundaries and following ethical principles while caring for the patients are the professional qualities of the nurses. They regarded that doing good, maintaining patient safety, protecting from harm, reporting errors, treating each person an equal, showing non-discrimination, respecting patients' autonomy, giving freedom for making choice, taking informed consent and providing adequate and accurate information are the indicators of ethical behaviors.

'If somebody makes mistakes; correcting them is very important because the patient will not be harmed by ignorance or negligence. The patient safety is our primary responsibility', (Code: NE 3)

'No matter what kind of person he is, could he be any type of patient or even with HIV infection. We should respect the patient. I have seen when a patient is from a higher socioeconomic background, nurses tend to behave with them in a more subtle manner whereas with the low socioeconomic and illiterate people we behave differently (Code: NS 5)

Caring: According to the participants, caring is felt by heart that can be expressed by the act of kindness, understanding patients' pain, feeling patients' suffering as own, primacy of patient's need and interest, providing holistic care, dedication/devotion to work, love and humanity for betterment of patients' health. Caring includes empathy, compassion, altruism, and conscientiousness.

'Now a days, students are not sympathetic; they don't consider the patients as a whole. The patient is already in pain. We should show empathy and understand the

pain what he is going through. I think, we should try to enter in patient shoes, only then we can treat them. Giving injections or medicine is not a nursing care, it is beyond that. (Code: NP 4).

Respect to the individual: Everyone has a right to honor and respect, hence the patients are to be valued and treated ethically for their own sake. The nurse professionals and nursing students expressed that human dignity is respecting, protecting modesty and maintaining privacy and confidentiality of the individuals. It can be shown by respecting the uniqueness of the individual, respecting patients' and family's feelings, valuing human being, not being judgmental, promoting patients' and family's participation in care, respecting individuals' right to privacy, maintaining confidentiality and protecting patients' rights.

'We should respect the feelings of the patient and their relatives. (Code: NS 7).

'We should care for the patients not only in the hospitals, but also we should involve ourselves for preparing their discharge and teaching them what to do or not. We should include the family members also'. (Code: NE 3).

Honesty and integrity: Telling truth and not giving any false assurance to the family and their caregivers are the essential qualities of the nurses. Trustworthiness is the base of the nurse-patient relationship.

'We should perform the procedure..... with a feel of humanity from the heart not mechanically. We have to ask the patients what they actually feel and if they have trust on us'. (Code: NS 9).

Remaining truthful, maintaining fiduciary relationship and reciprocating trust to the profession and patients, ability to understand what is right and wrong, advocating for patients' rights, self as well as professional practice and practicing in accordance with law would increase the trust of the patient and strengthen the nurse-patient relationship.

Professional conduct: Following policies and standards of the statutory bodies, rules and regulations of the institutions and protocols of the units/departments, professional etiquettes and demonstrating professional behaviors with patients, caregivers and team members, professional grooming such as dress code, gesture and punctuality and professional boundaries such as professional relationship with patients, caregivers and other health team members, avoiding personal enmities and not accepting any gifts/money from patients and caregivers are the indicators of professional conduct.

'We should not receive any gifts. We should not give special attention outside the hospital and not to be close with the patients. We should not violate the professional boundary'. (Code: NS 4).

Communication skills and interpersonal relationship: Being humble, polite, soft-spoken, listening, body language, maintaining and coordinating good interpersonal relationship with patients/caregivers, team members, coordinating with other departments and being assertive are the indicators of communication skills and interpersonal relationship identified from the responses of the nurse professionals and nursing students.

*'We are there '24*7' with the patients, we should be polite, whenever we are speaking, we should keep a low tone with the patient. (Code: NP 1).*

Professional development is mandatory for self-development, professional practice and development of profession which requires competency, standard care, accountability and responsibility, innovation and research. The nurse can show importance to maintain competency in terms of having sound knowledge, being skillful, having ability to use available resources, the spirit of upgrading new trends and technologies, doing evidence-based practice, participating and attending in-service education. A nurse needs to be responsible and accountable for their own action, patients' well being, to the society and fellow professionals. Nursing is a profession thought by brain, valued by heart and done by hands.

'Nurse should have the spirit of upgrading ourselves because in nursing and medicine, technology keeps on changing and emerging newly, so we have to keep ourselves updated regularly and whatever we learned, we should apply in patient care'. (Code: NA1).

'One has to be responsible for doing betterment in life, giving something to the society in the way of serving them and to do something for the society and for the fellow professionals'. (Code: NE 11).

'Each profession has regulations and ethic. In nursing profession, there are certain ethical principles, policies and regulations at each institutional level. It is something that one has to follow. (Code: NE 11).

'Most of the research done by the PG/doctoral students is not reported..... I have not seen any one giving report/feedback about the findings. It is totally lacking. I expect from the students to provide the findings so that we can identify the strength/weakness, make the necessary changes and do practice'. (Code: NA1).

DISCUSSION

The study findings revealed 19 attributes of professionalism which is consistent with several other studies. Sinclair¹ et.al inferred that genuineness, love, honesty, openness, care, attending needs, authenticity, relational communicating, understanding person's uniqueness, tolerance, kindness, and acceptance are indicators of compassionate care.^[9] Establishing a trusting relationship and treating each patient as a person with unique needs is the compassionate care of patients which is echoed in the present study.^[10] Compassion is beyond the nurse-patient relationship; it is not simply acknowledging and understanding the needs of the patients; it is actually engaging their sufferings. Even a small act of kindness and respect value a lot and compassionate care remained even after death stated by Crowther J. et.al.^[11] Spending time, using therapeutic touch, sharing relationship, maintaining a professional relationship and professional boundaries are the act of kindness.^[12] According to Bramley L and Matiti M,^[13] having time for patients, listening to them, gestures and touch within one to one interactions are expected nurses' caring behaviors.

Adkoli B. V. et.al^[14] reported the perception of medical students' professionalism that is fairness to students and patients, accessibility, punctuality, ethical behavior, communication skills, good attitude, knowledge, clinical skills, caring, kind, compassionate, gentle behavior, responsibility and accountability, competency in providing care, hard work, humility and god fearing nature, respect for others, concern for patient safety, honesty and willingness for teamwork. Pang et.al^[15] revealed seven professional values of Chinese nurses which included altruism, caring, trustworthiness, dignity, responsibility for the development of the profession, autonomy, and justice. Shih F.J. et.al^[16] reported that caring with a humanistic spirit, competent and holistic care, fostering growth and discovering the meaning of life, experiencing the 'give-and-take' of caring for others, receiving fair compensation and raising the public's awareness of health promotion are the important professional values of the nurses. Wros P.I et.al^[17]

indicated that nurses from the USA and Japan share common values and ethical concerns as professional nurses including competence, respect for the patient as a person, responsibility, relationship and connection, the importance of the family, caring, comfort, truth-telling, understanding the patient/situation and anticipatory care. Weis^[18] reported eight attributes of professionalism i.e., care giving, activism, accountability, trust, integrity, freedom, safety, and knowledge. Naden^[19] reported five specific values in nursing pertaining to human dignity included courage, responsibility, respect, obligation and moral attitude.

Ogugu EG.et.al^[20] reported that orientation to the hospital environment, family participation in patient care, respect to the family, counseling, culturally sensitive care, providing an explanation to patients for any delays in delivery of care and seeking feedback from patients about their level of satisfaction in nursing care are the expected behaviors for a professional nurse. Konishi et al^[21] found that the most important virtues for Japanese nurses were politeness, respect for the others, touching the hearts of the people concerned, the outcome of goodness, peace, and growth of all members.

The professional values are similar across the world, but the related background meanings, actions, reactions, and applicability often vary and greatly influenced by cultures as well as organizational/institutional factors. Understanding these commonalities and differences is critical for the development of global nursing professional value practice. In the present scenario, commercialization of education fosters everyone's identification rather than internalization but understanding, accepting and reflecting the values require patience to teach, encourage practicing and facilitate work atmosphere to reflect the values in day to day practice.

LIMITATION

This study did not measure the stakeholders' practice of professionalism in the clinical setting.

CONCLUSION

- Ethics, professional values, legal aspects, communication skills and interpersonal relationship, and professional development emerged as the domains of professionalism.
- The nurse professionals and nursing students of the present study admitted a lack of professionalism and required training to overcome the issues related to that.
- Hence, the inferred attributes need to be clearly stated with appropriate instructional strategies and assessment methods and incorporated in the existing B.Sc. Nursing curriculum for professional value training.

ACKNOWLEDGEMENT

Authors would like to thank the authorities of tertiary healthcare institution, New Delhi, India who granted permission to conducted study in their reputed institutions and the stakeholders of those institutions.

Declaration of interest

The authors declare no conflict of interest in relation to this article.

Funding statement

This research did not receive any grant from funding agency in the central, state, commercial or private sectors.

REFERENCES

1. K. Miller B, Adams D, Beck L. Nursing Professionalism: A behavioral inventory for professionalism in nursing. *Journal of professional nursing: official journal of the American Association of Colleges of Nursing*, 1994 Feb 1; 9: 290–5.
2. Medical Professionalism in the New Millennium: A Physician Charter. Project of the ABIM Foundation, ACP–ASIM Foundation, and European Federation of Internal Medicine [Internet]. *Annals of Internal Medicine*, 2002; 136(3): 2002. Available from: <http://annals.org/aim/fullarticle/474090/medical-professionalism-new-millennium-physician-charter>.
3. Hyatt WS. Taking a Look at Ourselves: An Essay on Professionalism. C.S. Lewis, *Mere Christianity*, 2001; 79-80.
4. The ICN Code of Ethics for Nurses. [Internet]. International Council for Nurses revised, 2012. Available from: <http://www.northriseuniversity.com/wp-content/uploads/2017/07/INC-Code-of-Ethics-for-Nurses.pdf>.
5. Code of Ethics and Professional Conduct. ed. Indian Nursing Council, 2006.
6. Chandratilake M. From the professionalism of a profession to the professionalism of a multiprofessional team. *Medical Education*, 2014; 48: 340–348.
7. Modi JN, Anshu, Gupta P, Singh T. Teaching and Assessing Professionalism in the Indian Context. *Indian Paediatrics*, 2014; 51.
8. Sloan A, Bowe B. Phenomenology and hermeneutic phenomenology: the philosophy, the methodologies, and using hermeneutic phenomenology to investigate lecturers' experiences of curriculum design. *Quality & Quantity [Internet]*, 2014 May; 48(3): 1291–303. Available from: <http://link.springer.com/10.1007/s11135-013-9835-3>.
9. Sinclair S, McClement S, Bouchal SR, Hack TF, Hagen NA, McConnell SJ, et al. Compassion in Health Care: An Empirical Model [Internet]. *Journal of Pain and Symptom Management*, 2016; 51(2):

2016. [cited 2017 Oct 3]. Available from: https://ac.els-cdn.com/S0885392415005734/1-s2.0-S0885392415005734-main.pdf?_tid=69c8e94a-a867-11e7-aec0000a0b0f02&acdnat=1507054957_31373f0e515034188b37b00290b2e775.
10. Kvangarsnes M, Torheim H, Hole T, Crawford P. Nurses' Perspectives on Compassionate Care for Patients with Exacerbated Chronic Obstructive Pulmonary Disease. *Journal of Allergy & Therapy* [Internet], 2013 Dec 16; 1–6. Available from: <https://www.omicsonline.org/nurses-perspectives-on-compassionate-care-for-patients-with-exacerbated-copd-2155-6121.1000158.php?aid=21513>.
 11. Crowther J, Wilson KC, Horton S, Lloyd-Williams M. Compassion in healthcare – lessons from a qualitative study of the end of life care of people with dementia. *J R Soc Med* [Internet], 2013 Dec; 106(12): 492–7. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3842856/>.
 12. Goodrich J. What makes a compassionate relationship between caregiver and patient? Findings from the 'anniversary' Schwartz Rounds [Internet]. *Goodrich Journal of Compassionate Health Care*, 2016; 3(8): [cited 2017 Oct 4]. Available from: <https://jcompassionatehc.biomedcentral.com/track/pdf/10.1186/s40639-016-0026-7?site=jcompassionatehc.biomedcentral.com>.
 13. Bramley L, Matiti M. How does it really feel to be in my shoes? Patients' experiences of compassion within nursing care and their perceptions of developing compassionate nurses. *J Clin Nurs* [Internet], 2014 Oct 1; 23(19–20): 2790–9. Available from: <http://onlinelibrary.wiley.com/doi/10.1111/jocn.12537/abstract>
 14. B. V. Adkoli, Al-Umrani KU, Al-Sheikh M, Deepak KK, Al-Rubaish AM. Medical students' perception of professionalism: A qualitative study from Saudi Arabia. [Internet]. *Medical teacher*. 2011; 33: 840–845. [cited 2017 Nov 4]. Available from: <http://www.tandfonline.com/doi/pdf/10.3109/0142159X.2010.541535?needAccess=true>.
 15. Pang D, Senaratana W, Kunaviktikul W, Klunklin A, McElmurry BJ. Nursing values in China: The expectations of registered nurses. *Nursing & Health Sciences* [Internet], 2009 Sep 1; 11(3): 312–7. Available from: <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1442-2018.2009.00468.x>.
 16. Shih F-J, Lin Y-S, Smith MC, Liou Y-M, Chiang H-H, Lee S-H, et al. Perspectives on professional values among nurses in Taiwan. *Journal of Clinical Nursing* [Internet], 2009 May 1; 18(10): 1480–9. Available from: <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1365-2702.2008.02728.x>
 17. Wros PL, Doutrich D, Izumi S. Ethical concerns: Comparison of values from two cultures. *Nursing & Health Sciences* [Internet], 2004 Jun; 6(2): 131–40. Available from: <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1442-2018.2004.00184.x>
 18. Weis D, Schank MJ. An Instrument to Measure Professional Nursing Values. *Journal of Nursing Scholarship* [Internet], 2000 Jun 1; 32(2): 201–4. Available from: <https://sigmapubs.onlinelibrary.wiley.com/doi/abs/10.1111/j.1547-5069.2000.00201.x>
 19. Nådén D, Eriksson K. Understanding the Importance of Values and Moral Attitudes in Nursing Care in Preserving Human Dignity. *Nursing Science Quarterly* [Internet], 2004 Jan; 17(1): 86–91. Available from: <http://journals.sagepub.com/doi/10.1177/0894318403260652>.
 20. Ogugu EG. Nurses' and patients' perceptions on the importance of nurse-caring behaviours: a study at surgical wards of Kenyatta national hospital, Nairobi.: 90.
 21. Konishi E, Yahiro M, Nakajima N, Ono M. The Japanese Value of Harmony and Nursing Ethics. *Nursing Ethics* [Internet], 2009 Sep; 16(5): 625–36. Available from: <http://journals.sagepub.com/doi/10.1177/0969733009106654>.